



Fact Sheet:



Perinatal Programs: Alcohol & Drug Services

The Office of Perinatal Substance Abuse (OPSA) oversees a statewide network of approximately 249 publicly funded perinatal alcohol and drug treatment programs that annually serve over 12,000 pregnant and parenting women accompanied by approximately 18,400 children (from birth through age 17). Programs may supplement their budgets with grants and contributions and can charge fees based on a client's ability to pay. In addition, State and federal perinatal funds support activities in research, technical assistance, collaboration and coordination, and education and outreach.

Perinatal Alcohol and Drug Services

- ☐ Programs empower women to achieve and maintain clean and sober living, deliver healthy infants, strengthen family units, and lead productive lives.
- ☐ Services are designed to be gender specific and culturally relevant.
- ☐ The Perinatal Services Network includes a continuum of care through the following treatment modalities:
 - Outpatient Drug-Free
 - Daycare Habilitative
 - Residential
 - Outpatient Methadone Maintenance
 - Transitional Living Centers and
 - Alcohol and Drug-Free Housing
- ☐ Services are based on county needs and demographics.

- ☐ Program components include:
 - A core alcohol and drug treatment program
 - Women specific issues
 - Comprehensive case management
 - Cooperative child care
 - transportation
 - Parenting skills building
 - Health education
 - Child development education
 - Linkages to medical, HIV/TB testing and counseling, education, vocational, and other services

Program Results

- ☐ Approximately 71% of babies born to women in perinatal treatment programs test negative for alcohol or other drug exposure. These kinds of results are essential to ending the inter-generational cycle of abuse and addiction.
- ☐ For women and children attending perinatal programs:
 - Successful treatment outcomes increased with the length of time in treatment.
 - Therapeutic services for children resulted in fewer school drop outs, less truancy, and reduced juvenile delinquency.
 - Child/mother reunifications increased.
 - Involvement with Child Welfare and length of time children spent in foster placement decreased.